

**Refer To Page 2 For Detailed Instructions**

SUPERVISOR'S INITIALS

VEHICLE PURSUIT NUMBER (For your agency use only, if applicable)

**ALL CALIFORNIA LAW ENFORCEMENT AGENCIES: Carefully read the following information prior to completing form:**

**Vehicle Pursuit Data:** Vehicle Code Section 14602.1 requires that "every state and local law enforcement agency, including, but not limited to, city police departments and county sheriffs' offices, shall report to the Department of California Highway Patrol, on an approved form, all vehicle pursuit data." This form has been developed to record this information.

**Vehicle Pursuit Defined:** An event involving one or more law enforcement officers attempting to apprehend a suspect operating a motor vehicle while the suspect is attempting to avoid arrest by using high speed driving or other evasive tactics, such as driving off a highway, turning suddenly, or driving in a legal manner but **willfully failing to yield** to the officer's signal to stop.

**SECTION I - Mandatory For ALL California Law Enforcement Agencies Involved In Vehicle Pursuit**

1. AGENCY NCIC	2. AGENCY NAME (Specify district, i.e., LAPD Rampart)	3. DATE VEHICLE PURSUIT WAS INITIATED	4. TIME VEHICLE PURSUIT WAS INITIATED (24 hr., e.g., 1430)
5. TIME YOUR AGENCY BECAME INVOLVED IN VEHICLE PURSUIT (24 hr., e.g., 1430)	6. PURSUED VEHICLE LICENSE PLATE NUMBER	7. STATE	8. VIN NUMBER (Complete only if "cold plated" or no license plate available)
9. TOTAL TIME YOUR AGENCY WAS INVOLVED IN VEHICLE PURSUIT (Minutes)	10. TOTAL DISTANCE YOUR AGENCY WAS INVOLVED IN VEHICLE PURSUIT (Miles)	11. COUNTY WHERE VEHICLE PURSUIT BEGAN	
12. AGENCY INITIATING VEHICLE PURSUIT	13. DID YOUR AGENCY TURN PURSUIT OVER? (If yes, indicate the agency below) <input type="checkbox"/> No <input type="checkbox"/> Yes	14. DID YOUR AGENCY CONCLUDE VEHICLE PURSUIT? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Section II below)	
15. LIST I.D. NUMBERS OF YOUR AGENCY'S OFFICERS INVOLVED IN VEHICLE PURSUIT (Do not list names)			
16. ORIGINAL VIOLATION OBSERVED BY AGENCY INITIATING THE VEHICLE PURSUIT (Leave this section blank if your agency did not initiate pursuit) Section & Code: _____ a. <input type="checkbox"/> Felony b. <input type="checkbox"/> Misdemeanor c. <input type="checkbox"/> Infraction d. <input type="checkbox"/> BOL/Warrant/Wanted e. <input type="checkbox"/> Other: _____			
17. INDICATE THE ATTEMPTED FORCIBLE STOP(S) AND NUMBER OF TIMES ATTEMPTED Spike Strip _____ PIT _____ Other Ramming _____ Boxed In _____ Remote Engine Disabler _____ Other (Explain) _____			

**If there were any injuries that were incurred as a result of a collision during your agency's involvement in the vehicle pursuit, and your agency did not conclude the vehicle pursuit, answer only #18 in Section II below.**

**SECTION II - Complete Only If Your Agency Brought Vehicle Pursuit To Conclusion (Includes Aborting Vehicle Pursuit)**

18. WERE THERE ANY INJURIES INCURRED AS A RESULT OF A COLLISION? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate the number of each type of injury:	19. WERE ANY INJURIES INCURRED AFTER THE VEHICLE PURSUIT? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate the number of each type of injury:																																													
<table border="1"><thead><tr><th></th><th>Police Officer(s)</th><th>Suspect(s)</th><th>Other(s)</th></tr></thead><tbody><tr><td>Fatal Injury</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Severe Injury</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Other Visible Injury</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Complaint of Pain</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>		Police Officer(s)	Suspect(s)	Other(s)	Fatal Injury	_____	_____	_____	Severe Injury	_____	_____	_____	Other Visible Injury	_____	_____	_____	Complaint of Pain	_____	_____	_____	<table border="1"><thead><tr><th></th><th>Police Officer(s)</th><th>Suspect(s)</th><th>Self-Inflicted</th><th>Other(s)</th></tr></thead><tbody><tr><td>Fatal Injury</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Severe Injury</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Other Visible Injury</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Complaint of Pain</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>		Police Officer(s)	Suspect(s)	Self-Inflicted	Other(s)	Fatal Injury	_____	_____	_____	_____	Severe Injury	_____	_____	_____	_____	Other Visible Injury	_____	_____	_____	_____	Complaint of Pain	_____	_____	_____	_____
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20. SUSPECT  WAS  WAS NOT APPREHENDED. WHICH ONE OF THE FOLLOWING MOST NEARLY DESCRIBES THE EVENT CONCLUDING THE VEHICLE PURSUIT?

<input type="checkbox"/> Pursued suspect voluntarily stopped	<input type="checkbox"/> Pursuit aborted by law enforcement agency	<input type="checkbox"/> Pursued vehicle escaped pursuing vehicle
<input type="checkbox"/> Forcible stop	<input type="checkbox"/> Pursued vehicle and pursuing vehicle collided	<input type="checkbox"/> Suspect abandoned vehicle and fled on foot
<input type="checkbox"/> Pursued vehicle became disabled	<input type="checkbox"/> Pursued vehicle became involved in collision	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Pursuing vehicle became disabled	<input type="checkbox"/> Pursuing vehicle became involved in collision	

21. MOST SERIOUS VIOLATION SUSPECT(S) CHARGED WITH UPON CONCLUSION OF THE VEHICLE PURSUIT (Do NOT use 2800.1, 2800.2, or 2800.3 CVC)

Section & Code: \_\_\_\_\_ a.  Felony b.  Misdemeanor c.  Infraction d.  BOL/Warrant/Wanted e.  Other: \_\_\_\_\_

22. D.O.B. OF PERSON PURSUED	23. GENDER OF PERSON PURSUED <input type="checkbox"/> Male <input type="checkbox"/> Female	24. DRIVING UNDER THE INFLUENCE? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, indicate substance(s) used) <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Combo
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25. ETHNICITY

<input type="checkbox"/> White	<input type="checkbox"/> Japanese	<input type="checkbox"/> Laotian	<input type="checkbox"/> Guamanian	<input type="checkbox"/> American Indian
<input type="checkbox"/> Black	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Alaskan
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Other Not Listed
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Asian Indian	

## ALLIED AGENCY VEHICLE PURSUIT REPORT

CHP 187A (Rev. 4-03) OPI 051

### INSTRUCTIONS - READ CAREFULLY

#### SECTION I - Mandatory For All California Law Enforcement Agencies Involved In Vehicle Pursuit

1. **Agency NCIC** - Enter the four-digit NCIC number for the agency **completing this form**.
2. **Agency Name** - Enter the name of the law enforcement agency **completing this form**.
3. **Date Vehicle Pursuit Was Initiated** - Enter the **date the vehicle pursuit was initiated** by the agency involved.
4. **Time Vehicle Pursuit Was Initiated** - Enter the exact **time the vehicle pursuit actually began** (*i.e., when the stop was initiated*). If your agency was not the initiating agency, contact the initiating agency to correctly enter this time.
5. **Time Your Agency Became Involved In Vehicle Pursuit** - If not initiating agency, **enter the time your agency joined the vehicle pursuit**. If initiating agency, enter time from #4.
6. **Pursued Vehicle License Plate Number** - Enter the pursued vehicle license plate number.
7. **State** - Enter the state of the pursued vehicle license number (*i.e., CA, NV, etc.*).
8. **VIN Number** - Enter the pursued vehicle VIN number only if the pursued vehicle was "cold plated" or there was no license plate.
9. **Total Time Your Agency Was Involved In Vehicle Pursuit** - Enter the total time in **minutes** your agency was involved in the vehicle pursuit.
10. **Total Distance Your Agency Was Involved In Vehicle Pursuit** - Enter the total length in **miles** your agency was involved in the vehicle pursuit.
11. **County Where Vehicle Pursuit Began** - Enter the county where the vehicle pursuit first began.
12. **Agency Initiating Vehicle Pursuit** - Indicate the agency initiating the vehicle pursuit.
13. **Did Your Agency Turn Vehicle Pursuit Over?** - Indicate if your agency turned the pursuit over to another agency. If so, name the agency and station or office (*i.e., CHP Fresno, or LAPD Rampart*).
14. **Did Your Agency Conclude Vehicle Pursuit?** - Indicate if your agency brought the vehicle pursuit to conclusion.
15. **List I.D. Numbers Of Your Agency's Officers Involved In Vehicle Pursuit** - Enter the ID numbers of the officers from your agency involved in the vehicle pursuit.
16. **Original Violation Observed By Agency Initiating The Vehicle Pursuit** - Enter the applicable section and code, and check the appropriate box for the violation observed by the agency that initiated the traffic stop/pursuit (*not always CVC*). If your agency did not initiate the pursuit leave this section blank. (*"Other" category includes suspicious vehicles, etc.*)
17. **Indicate The Attempted Forcible Stop(s) And Number Of Times Attempted** - Enter the number of attempted forcible stops in the space provided accordingly. A "forcible stop" is defined as the use or presence of physical force (e.g., roadblock, ramming, boxing-in, channelization, pursuit immobilization technique [PIT], etc.).

#### SECTION II - Complete Only If Your Agency Brought Vehicle Pursuit To Conclusion (Includes Aborting Vehicle Pursuit)

18. **Were There Any Injuries Incurred As A Result Of A Collision?** - If a collision occurred as a result of the vehicle pursuit while your agency was involved, check the "yes" box. If a collision occurred as a result of the vehicle pursuit **before or after your agency was involved**, check the "no" box. If the "yes" box is checked, indicate the **number of each type of injury** corresponding to the victim type (*police officer, suspect, or other*). "Suspect" includes all occupants of the pursued vehicle. "Other" includes any other victim of the vehicle pursuit (*i.e., collision with other party, bystander, etc.*).
19. **Were Any Injuries Incurred After The Vehicle Pursuit?** - If any injuries were incurred by officers, suspects, bystanders, etc., as a result of any event occurring after the vehicle pursuit (*e.g., foot pursuit, arrest, shooting*), and while your agency was involved, check the "yes" box. Indicate the **number of each type of injury** corresponding to the victim type.
20. **Suspect Was, Was Not Apprehended. Which One Of The Following Most Nearly Describes The Event Concluding The Vehicle Pursuit?** - Indicate whether or not the suspect was apprehended by your agency and check the one box that most clearly describes the event terminating the vehicle pursuit. If the vehicle pursuit was terminated by an event not listed, check the "other" box and write a short description of the event (*e.g., the suspect was "cornered" in an alley or "apprehended by citizen"*).
21. **Most Serious Violation Suspect(s) Charged With Upon Conclusion Of The Vehicle Pursuit** - Enter the single most serious violation and the code (*i.e., felony over misdemeanor*) and check the appropriate box for which the suspect(s) was arrested at the end of the vehicle pursuit. 2800.1, 2800.2, or 2800.3 CVC should not be used as this violation relates only to the act of evading and does not describe the reason for the vehicle pursuit.
22. **D.O.B. Of Person Pursued** - Enter the date of birth of the person pursued.
23. **Gender Of Person Pursued** - Indicate the gender of the person pursued.
24. **Driving Under The Influence?** - Indicate if pursued driver was under the influence and substance(s) used, if known.
25. **Ethnicity** - Indicate the ethnicity that most closely resembles the person pursued.

Completed forms should be mailed to: **California Highway Patrol** or **Fax: (916) 375-2852**  
**Support Services Section, Data Analysis Unit**  
**P.O. Box 942898, Sacramento, CA 94298-0001**

Questions concerning the completion of this form should be directed to the California Highway Patrol, Research and Planning Section, at (916) 657-7237.